Parliamentary Recruiting Committee

Case Number:

76-105-116-104-101

POST-MORTEM PATHOLOGY REPORT

Patient Reference: L27-33J	**Sample Collected:** 06/01/05	**Ordered by:** Abstract Wilderness
Sample Reference: 050108L2733JMM	**Sample Received:** 08/01/05	**Conducted by:** Mendicant Mendicant
Date of Birth: XX/XX/85	**Results Reported:** 08/01/05	**Department:** Environmental Design

Specimens Received:

1. White Discharge from **Wound 1**.
2. White Discharge from **Wound 2**.
3. Pleural Effusion.
4. Black gel-like substance present on lungs.

Analysis:

1. Specimen of unknown origin. Contains proteins, lipids, basic amphipathic proteins and Phospholipase A_2.
2. Specimen of unknown origin. Contains proteins, lipids, basic amphipathic proteins and Phospholipase A_2.
3. Pleural Effusion. Contains: plasma, white blood cells, hyaluronic acid, bicarbonate, red blood cells, cardiomyocytes endothelial cells, smooth muscle cells, fibroblasts.
4. Specimen of atypical origin. Contains cardiomyocytes endothelial cells, smooth muscle cells, fibroblasts.

Evaluation:

1. Contents of unknown substance found in **Wound 1** are consistent with necrotic venom mixed with liquified cells. Venom does not match any known natural animal.
2. Contents of unknown substance found in **Wound 2** are consistent with those found in **Wound 1**. It is a mixture of the same necrotic venom and liquified cells from the surrounding area.
3. Red blood cell count of pleural effusion exceeds 100,000 cells/µl, confirming haemorrhagic pleural effusion. Levels of glucose, chloride, and protein present invalid due to contamination (see below).

4. Contents of substance of atypical origin are consistent with heart tissue. Insufficient evidence is available to determine the cause of heart liquification. It is clear some of this liquid mixed with the pleural effusion, affecting results above but it is unknown at this time if entirety of heart is accounted for in volume present during post-mortem.